****[PARENT/GUARDIAN NAME(S)]

[ADDRESS]

[CITY, STATE, ZIP CODE]

[MM/DD/YEAR]

Dear [NAME(S)],

At the end of the school year, families often have leftover funds remaining in their school lunch account. [NAME OF SCHOOL FOOD AUTHORITY] provides families the option to donate their leftover funds to a shared lunch account for students in need. The donations in this account are made available to children who do not have the funds needed to pay for their breakfast or lunch during the school day.

***A few extra dollars from families with the ability to donate can help us make sure all of our children have consistent access to nutritious school meals, while keeping [NAME OF SCHOOL FOOD AUTHORITY]’s finances strong!***

Families that do not make a donation will have their full account balance carried over into the next school year, or have the option to request a refund. Families that donate a portion of their remaining balance (e.g., “up to $5.00”) will also have any amount above this portion carried over or refunded.

Please complete the attached form if you would like to donate your leftover funds this school year. Completed forms may be submitted using any of the following methods:

* Hand delivery to: [ADD PHYSICAL ADDRESS AND DAYS/HOURS OF OPERATION]
* Mailed to: [ADD PHYSICAL ADDRESS]
* Faxed to: [ADD FAX NUMBER]
* Emailed to: [ADD EMAIL ADDRESS]

Forms will be accepted from [DATE] to [DATE].

Please direct any questions regarding the [NAME OF SCHOOL FOOD AUTHORITY] donation fund to [NAME] at [PHONE/EMAIL].

Thank you for your consideration,

[NAME]

[TITLE]

**[NAME OF SCHOOL FOOD AUTHORITY]**

**Leftover School Lunch Account Funds Donation**

Student Name: Click or tap here to enter text.

Student ID Number: Click or tap here to enter text.

Student Grade: Click or tap here to enter text.

Student School: Click or tap here to enter text.

Student Mailing Address *(if requesting a refund, please include the address [NAME OF SCHOOL FOOD AUTHORITY] should send the refund to)*: Click or tap here to enter text.

**Donation Preferences** *(please check one)*:

[ ]  I wish to donate my child’s entire remaining balance.

[ ]  I wish to donate a portion of my child’s remaining balance. Please donate up to $XX.XX.

 [ ]  Please carry over any amount above this portion into next school year.

 [ ]  Please refund any amount above this portion.

[ ]  I do not wish to donate.

 [ ]  Please carry my remaining balance over into next school year.

 [ ]  Please refund my remaining balance.

Parent/Guardian Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Thank you for your support of [NAME OF SCHOOL FOOD AUTHORITY] and our children!***

*Please submit your completed form using any of the following methods:*

* *Hand delivery to: [ADD PHYSICAL ADDRESS AND DAYS/HOURS OF OPERATION]*
* *Mailed to: [ADD PHYSICAL ADDRESS]*
* *Faxed to: [ADD FAX NUMBER]*
* *Emailed to: [ADD EMAIL ADDRESS]*

*Questions? Please contact [NAME] at [PHONE NUMBER] or [EMAIL ADDRESS].*